



Mecklenburg County Park and Recreation Department

South Region Athletics
6220 Park Road
Charlotte, NC 28210
(704) 552-8213 (P)
(704) 552-8671

SPECIAL EVENT APPLICATION (Please review instructions before completing this form.)					
1. Name of Event:		2. Date(s):	3. Time:		
4. Type of Event: <input type="checkbox"/> Public Gathering <input type="checkbox"/> Private Gathering <input type="checkbox"/> Parade <input type="checkbox"/> Walk or Run <input type="checkbox"/> Professional Filming <input type="checkbox"/> Athletic Event: _____ <input type="checkbox"/> Other:					
Please add this event to department calendar listings: <input type="checkbox"/> Yes <input type="checkbox"/> No					
5. Location (County Park or starting point- include a map with this application that shows all items checked in section 24 on page 2) Additional space on page 4.:					
6. Description of assistance requested from Mecklenburg County Departments (Police, Fire, Streets, Parks, Recreation Centers, etc.). Additional space for information is provided on page 4.					
7. Set-Up: Day of week: Date: Time:	8. Take Down: Day of week: Date: Time:	9. Estimated Attendance <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Participants:</td> <td style="padding: 5px;">Spectators:</td> </tr> </table>		Participants:	Spectators:
Participants:	Spectators:				
10. Alcoholic Beverages <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Health Department Contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Non-Profit 501.c3 Tax ID #:			
13. Organization Name:					
14. Contact Person: Secondary Contact Person: Phone:	15. Address: Street: Apt: City: State: Zip:				
16. Telephone: Day Time: Evening: Cellular: Pager: Fax: Email:					
17. Liability Insurance Information: Company/Agent: Telephone #: _____ Fax #: _____ Address: _____ City: _____ State: _____ Zip: _____ NOTE: INCLUDE COPY OF INSURANCE CERTIFICATE WITH APPLICATION					
18. Signature (or name if form is transmitted electronically):			19. Date:		
20. Application received by:			21. Date:		

WARNING: SUBMISSION OF THIS FORM DOES NOT GUARANTEE APPROVAL OF THE EVENT.
 Failure to complete all sections of this form and meet all requirements may result in delay, limitations or cancellation of



Mecklenburg County
Park and Recreation

[illegible]

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26. Name of Event			27. Date(s) of events:		
EVENT APPROVALS 28. (After signing, return only page 3 to Special Events unless you have written comments on specific items listed on page 2. Otherwise, keep pages 1 & 2 for records.)			Departmental Recommendations		
Req'd	Department Approval Signatures	Approved as s Submitted	Needs Changes	Approval Denied	Comment: (Submit additional page if necessary.)
	Parking (Memorial stadium, CPCC)				
	Fire:				

Parks:				Park Reserved \$ _____ Receipt # _____ Alcohol Permit Purchased Receipt # _____
Police:				
Sanitation:				
Streets:				
Risk Management				
Other Approval List: _____ _____				
DO NOT WRITE IN AREA BELOW				
Special Events (Verification of documents) Copy of event application sent to _____ NC Tax Commission 704-336-6314 _____ Mecklenburg Hlth Dept 704-336-5524 _____ County Business License 704-336-6314 _____ Park & Recreation Maintenance 704-353-1243				_____ Health Dept _____ Insurance _____ Tax Office _____ Business License Off _____ Beer/Wine Permit _____ Site Map _____ Letter of agreement signed & recorded



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FOR DEPARTMENT USE ONLY

FEES AND CHARGES WORK SHEET

LOCATION _____ **DATE** _____

FACILITIES NEEDED _____

Charges	Total
Rental	_____
Park Services	
Labor	
• Clean Up	_____
• Specialized Services	_____
Materials, Supplies, Equipment	
• Porta-Johns	_____
• Dumpsters	_____
• Generators	_____
• Tables, Tents, Chairs	_____
• Stage	_____
• Other	_____
Security	_____
First Aid	_____
GRAND TOTAL	_____



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Instructions for Completing Special Event Application
NOTE: APPLICATION IS DUE 30 DAYS PRIOR TO EVENT

General Information:

- A Special Event Application **MUST** be completed for any event planned to take place on Mecklenburg County Park and Recreation Property where the public is invited to attend or an event involves blocking public streets or sidewalks or sections of a park. It is also required for a private event (mass gathering) that involves more than 200 people.

- Provide all information as requested. **APPLICATIONS MUST BE SUBMITTED 30 DAYS PRIOR TO THE EVENT DATE.**
- All information **MUST** be provided, typed or printed with **BLACK** ink for copying. Illegible and/or incomplete requests will be returned.

Form Information:

1. **Name of the Event:** If the event doesn't have an official title such as the "March of Dimes Walkathon", enter a generic description such as "Fun Run for Red Cross, Easter Egg Hunt", etc.
2. **Date(s):** Date or dates the event will be held.
3. **Time:** Starting and ending times.
4. **Type of Event:** Check the appropriate box(es). If "other" is checked, write the type of event in the space provided.
 - Runs, walks, marches and all other events using Mecklenburg County Parks must include a map with the route clearly indicated by using a black marker so map can be copied for distribution to affected city departments.
 - Maps must indicate which street and/sidewalks are to be used, water stations, site plan, etc.
 - Applications for parades must include a map that indicates the route and staging and disbanding areas and an estimate of the number of entrants, floats, etc.
 - Closure of a Mecklenburg County road requires approval of Department of Transportation
5. **Location or Starting Point (include map):** If the event includes use of a Mecklenburg County Park, a site map showing location of booths, activities, participants, etc. Must accompany the Special Event Application. Contacting our reservation system at 704-336-2884 or 704-336-3375 you may make a reservation.
 - **FEES:** All applicable park reservation fees will be charged and must be paid before the reservation can be confirmed. Tentative dates may be reserved through a Recreation Coordinator but payment must be made thirty (30) days prior to your event. Park and Recreation may assess a cleaning fee, determined by the type of event, number of participants, etc.
6. **Description of Assistance Needed from City or County Departments(Police, Fire, Parks, Health Dept. etc.):** List
Any anticipated assistance you may need such as traffic control for crossing streets, access to electricity, extra dumpsters, etc.
7. **Set-Up:** List day, date and time.
8. **Take Down:** List day, date and time.
9. **Estimated Attendance:** Approximate number of participants and/or spectators expected at the event.
10. **Alcohol Beverages:** Check the appropriate box. Alcoholic beverages are permitted only at Parks with the purchases of a Beer and Wine Permit is available through the Park Department.
11. **Health Department Contacted:** A Temporary Food Service Permit must be obtained in any instance where food is prepared for sale to or consumption by the public.



Contact: Mecklenburg County Health Department at 704-336-5524. When the permit is obtained, a copy should be forwarded to Central Park District III Recreation Coordinator.

12. **Non-Profit 501.C3 Tax Identification #:** If the organization has a non-profit 501.c3 classification, enter the id number here.
13. **Organization Name:** Title of organization or the event name if not affiliated with an organization making the request.
14. **Contact Person:** Name of the person that the Recreation Coordinator may contact in case of questions or if an emergency situation occurs. Also include a secondary or alternate contact person who may be reached if the first person is unavailable.

15. **Address:** Address for correspondence from the Coordinator's office to the Organization making the request.
16. **Phone Number:** Please include as many numbers as necessary for the Recreation Coordinator to be able to be in contact with the person in charge of the event. This should include numbers in case of an emergency during an event held at times other than normal office hours.
17. **Insurance Information:** All vents open to the public require a certificate of insurance for \$2,000,000.00 commercial general liability coverage with Mecklenburg County Park and Recreation Department named as the certificate holder and as additional insured for thirty (30) days.
18. **Signature:** Person completing this form or the contact person must SIGN and DATE the application.
19. **Date:** Enter the date the application is signed.
20. **Do not write in this section.**
21. **Do not write in this section.**
22. **Name of the Event:** Enter name of event the same as in #1 page 1.
23. **Date(s) of Event:** Enter date(s) of event the same as in #2 page 1.
24. Check each item that applies to your event and give an explanation. This information will help us provide you the best service possible. If we require additional information about any of the items or if there are restrictions associated with any of the items checked, you will be contacted.
25. **Explanation of times checked above:** Give detailed information about items checked in section 24.
26. **Name of the Event:** Enter name of event the same as in #1 page 1.
27. **Date(s) of Event:** Enter date(s) of event the same as in #2 on page
28. **Event Approvals:** *Do not write in this section.* **You will be notified of approval or denial of your event after your application has been reviewed by all departments involved in the approval process.**